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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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08/960,755

10/29/1997

JANICE JOHNSON

JJOH0001

6489

22862 7590 12/30/2003

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EXAMINER

GILLIGAN, CHRISTOPHER L

ART UNIT

PAPER NUMBER

3626

DATE MAILED: 12/30/2003

Please find below and/or attached an Office communication concerning this application or proceeding.

Office Action Summary

Application No.

08/960,755

Applicant(s)

JOHNSON, JANICE

Examiner

Luke Gilligan

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-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If the period for reply specified above is less than thirty (30) days, a reply within the statutory minimum of thirty (30) days will be considered timely.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133).
- Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) ☒ Responsive to communication(s) filed on 18 September 2003
- 2a) ☒ This action is **FINAL**. 2b) ☐ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) ☒ Claim(s) 1-7 and 22-36 is/are pending in the application.
- 4a) Of the above claim(s) _____ is/are withdrawn from consideration.
- 5) ☐ Claim(s) _____ is/are allowed.
- 6) ☒ Claim(s) 1-7 and 22-36 is/are rejected.
- 7) ☐ Claim(s) _____ is/are objected to.
- 8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on _____ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.
- Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
- Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. §§ 119 and 120

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All b) ☐ Some * c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
2. ☐ Certified copies of the priority documents have been received in Application No. _____.
3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).
- * See the attached detailed Office action for a list of the certified copies not received.
- 13) ☐ Acknowledgment is made of a claim for domestic priority under 35 U.S.C. § 119(e) (to a provisional application) since a specific reference was included in the first sentence of the specification or in an Application Data Sheet. 37 CFR 1.78.
- a) ☐ The translation of the foreign language provisional application has been received.
- 14) ☐ Acknowledgment is made of a claim for domestic priority under 35 U.S.C. §§ 120 and/or 121 since a specific reference was included in the first sentence of the specification or in an Application Data Sheet. 37 CFR 1.78.

Attachment(s)

- 1) ☒ Notice of References Cited (PTO-892)
- 2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
- 3) ☐ Information Disclosure Statement(s) (PTO-1449) Paper No(s) _____.
- 4) ☐ Interview Summary (PTO-413) Paper No(s). _____.
- 5) ☐ Notice of Informal Patent Application (PTO-152)
- 6) ☐ Other: _____.

Response to Amendment

1. In the amendment filed 9/18/03 in paper number 12, the following has occurred: claims 1, 22, and 31 have been amended. Now, claims 1-7 and 22-36 are presented for examination.

Claim Rejections - 35 USC § 112

2. The following is a quotation of the second paragraph of 35 U.S.C. 112:

The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.

3. Claims 1-7 and 22-36 rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention.

4. Claims 1, 22, and 31 have been amended to recite that "said at least one service recipient's health care record is stored on said central host computer." There is insufficient antecedent basis for this limitation in the claim. It appears that the claims as amended refer to a particular "health care record," however, there is no previous recitation of "a health care record" within the claims. For examination purposes, the Examiner will treat this element as "said at least one service recipient's health care data records."

Claim Rejections - 35 USC § 103

5. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

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6. Claims 1-3, 22, 23, 29, 31, 32, and 34 are rejected under 35 U.S.C. 103(a) as being unpatentable over Cummings, U.S. Patent No. 5,301,105 (as previously applied) in view of Pitroda, U.S. Patent No. 5,590,038 (as previously applied) and further in view of Edelson et al., U.S. Patent No. 5,737,539.

7. As per claim 1, Cummings teaches an integrated health care system for collecting, consolidating, conforming, and distributing health care data concerning at least one individual service recipient, the system comprising: at least one central host computer for maintaining, consolidating, and distributing information generated by any component of said system (see column 4, lines 4-21, in particular, Figure 1, element 10); wherein said centralized host computer is one of a computer, or a network of linked computers having at least one central server (see column 4, lines 4-21); at least one provider terminal in communication with said central host computer (see column 4, lines 4-21, in particular, Figure 1, elements 11, 24, 27, and 28); wherein said provider terminal is one of a portable computer, personal information device, personal digital assistant, personal computer, or server computer (see column 7, lines 17-25); a billing module for calculating billing information for a service provided to the at least one individual service recipient (see column 5, lines 2-8); an insurance benefits module for calculating available insurance benefits for a service provided to the at least one individual service recipient (see column 4, lines 53-68); a payment module for electronically transferring funds to pay a bill for services provided to the at least one individual service recipient, said payment module including at least one shared platform service and at least one database managing process for billing and payment (see column 3, lines 22-26, clearly the payment feature must be linked to billing so that appropriate payment can be provided); an authorization module for authorizing service recipient treatment, said authorization module including at least one shared platform service and at least one database managing process for authorization (see

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column 11, lines 37-43); a messaging module for providing messaging services to a component of said system (see column 4, lines 22-29); wherein said at least one service recipient's health care data records are stored on said central host computer and said provider terminal (see column 4, lines 30-39); wherein said central host computer and said provider terminal are electronically linked as a network, to permit information distribution to various locations on said network (see Figure 1); wherein said system is implemented using any of a global communications network, the Internet, or a local area network (see Figure 1); wherein said provider terminal includes: a medical insurer module; a health plan sponsor module; and individual service recipient module; a health care service provider module; a health care research module; and a service support module (see column 7, lines 50-68); wherein said medical insurer module includes functions for plan definition, open enrollment marketing features, automated authorization of benefits, automated referrals, and service payment accounting (see column 4, lines 53-52); wherein said health plan sponsor module includes functions for open enrollment processes, benefit plan information maintenance, and coordination of distribution and activation or deactivation of individuals (see column 9, lines 9-25); wherein said health care service provider module includes functions for maintaining service recipient records, diagnosing and treating service recipient ailments, managing service payments, accounting services, and maintaining service provider records, including licensing information, staffing affiliations, organizational ownership information, tax identification information, curriculum vitae of licensed practitioners, as well as information regarding disciplinary actions (see column 6, line 44 – column 7, line 2); wherein said health care research module includes functions for collecting data on said system for research and analysis of health care issues (see column 10, line 66 – column 11, line 10); wherein the service support module includes functions for service parameter maintenance, product support, customer requests, and

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system maintenance (see column 14, lines 39-48); wherein said system provides access to Social Security, annuity, retirement account, and benefit information (see column 5, lines 11-18); wherein said medical insurer module, said health plan sponsor module, said individual service recipient module, said health care service provider module, said health care research module, and said service support module include databases for storing information (see column 4, lines 30-39); wherein said information is linked and organized by at least one indexing key (see column (see column 4, lines 30-39, it is noted that indexing keys are utilized for linking relational databases).

8. Cummings does not explicitly teach a portable individual information device for accessing said system, said device being any of an integrated circuit card, a magnetic storage card, or a portable integrated circuit or microchip based device. Pitroda teaches portable individual information device for accessing said system, said device being any of an integrated circuit card, a magnetic storage card, or a portable integrated circuit or microchip based device (see column 2, lines 44-55, in particular, the UET card is a portable integrated circuit or microchip based device). Pitroda further teaches that the portable individual information device stores health care data records for the individual (see column 5, lines 44-59). It would have been obvious to one of ordinary skill in the art of healthcare management at the time of the invention to incorporate the portable individual information device of Pitroda into the centralized health management system of Cummings. One of ordinary skill in the art would have been motivated to incorporate such a feature for the purpose of enhance healthcare efficiency and reduce overhead costs by providing personalized storing devices.

9. Cummings does not explicitly teach said messaging module comprising a communications/file transfer shared platform service that is used for communications between all system participants for all communication features of the system. Edelson teaches such a

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communications feature (see column 6, lines 9-28). It would have been obvious to one of ordinary skill in the art of healthcare management at the time of the invention to incorporate this feature into the system of Cummings. One of ordinary skill in the art would have been motivated to incorporate such a feature for the purpose of providing convenient wireless electronic messaging capabilities.

10. Cummings does not explicitly teach said at least one service recipient's health care data records comprise a structured database of health care records constructed at points of service, an updateable problem list, and care plans, wherein local records are linked to remotely stored records. Edelson teaches such a data record feature (see column 4, lines 43-65 and column 5, lines 40-65). It would have been obvious to one of ordinary skill in the art of healthcare management at the time of the invention to incorporate this feature into the system of Cummings. One of ordinary skill in the art would have been motivated to incorporate such a feature for the purpose of providing more detailed patient records and, as such, provide better patient care.

11. Cummings does not explicitly teach said system further comprising a data dictionary for ensuring standardization of all system database elements. Edelson teaches such a database feature (see column 48, lines 10-14). It would have been obvious to one of ordinary skill in the art of healthcare management at the time of the invention to incorporate this feature into the system of Cummings. One of ordinary skill in the art would have been motivated to incorporate such a feature for the purpose of enabling efficient communication between the various entities of Cummings.

12. As per claim 2, Cummings in view of Pitroda teach the system of claim 1 as described above. Cummings further teaches that open standards are used for hardware, software, and firmware components of said system (see Figure 1 and column 4, lines 4-62).

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13. As per claim 3, Cummings in view of Pitroda teach the system of claim 1 as described above. Cummings further teaches the health care research module converts said health care data on said system into one common format for use by said central host computer (see column 10, line 66 – column 11, line 10, it is assumed that test results would need to be converted to a common format for use throughout the system).

14. Claims 31, 32, and 34 contain substantially similar method limitations to system limitations recited in claims 1-3 and, as such, is rejected for similar reasons given above.

15. As per claim 22, Cummings teaches an integrated healthcare system, implemented using any of a global communications network, the Internet or a local area network, the system comprising: at least one central host computer for maintaining, consolidating, and distributing information generated by any component of said system (see column 4, lines 4-21, in particular, Figure 1, element 10); at least one provider terminal in communication with said central host computer (see column 4, lines 4-21, in particular, Figure 1, elements 11, 24, 27, and 28); wherein said provider terminal is one of a portable computer, personal information device, personal digital assistant, personal computer, or server computer (see column 7, lines 17-25); wherein said provider terminal is operable to communicate with said entire system or any portion of said system, or is operable independently from said system (see column 4, lines 4-14); a messaging module for providing messaging services to a component of said system (see column 4, lines 22-29); wherein said service recipient's health care data records are stored on said central host computer and said provider terminal (see column 4, lines 30-39); wherein said central host computer and said provider terminal are electronically linked as a network, to permit information distribution to various locations on said network (see Figure 1); wherein open standards are used for hardware, software, and firmware components of said system (see Figure 1 and column 4, lines 4-62); wherein said provider terminal includes: a medical insurer

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module including functions for plan definition, open enrollment marketing features, automated authorization of benefits, automated referrals, and service payment accounting (see column 4, lines 53-52); a health plan sponsor module including functions for open enrollment processes, benefit plan information maintenance, and coordination of distribution and activation or deactivation of individuals (see column 9, lines 9-25); a health care service provider module including functions for maintaining service recipient records, diagnosing and treating service recipient ailments, managing service payments, accounting services (see column 6, line 44 – column 7, line 2); a health care research module including functions for collecting data on said system for research and analysis of health care issues (see column 10, line 66 – column 11, line 10); and a service support module includes functions for service parameter maintenance, product support, customer requests, and system maintenance (see column 14, lines 39-48).

16. Cummings does not explicitly teach a portable individual information device or a card reader for accessing said system and transmitting information to the device, said device being any of an integrated circuit card, a magnetic storage card, or a portable integrated circuit or microchip based device. Pitroda teaches portable individual information device for accessing said system, said device being any of an integrated circuit card, a magnetic storage card, or a portable integrated circuit or microchip based device (see column 2, lines 44-55, in particular, the UET card is a portable integrated circuit or microchip based device). Pitroda further teaches that the portable individual information device stores health care data records for the individual (see column 5, lines 44-59). Pitroda further teaches a card reader linked to said provider terminal, for accessing and transmitting information among said portable individual information device and any of said components of said system (see column 4, lines 35-41). It would have been obvious to one of ordinary skill in the art of healthcare management at the time of the invention to incorporate the portable individual information device of Pitroda into the centralized

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health management system of Cummings. One of ordinary skill in the art would have been motivated to incorporate such a feature for the purpose of enhance healthcare efficiency and reduce overhead costs by providing personalized storing devices.

Cummings does not explicitly teach said messaging module comprising a communications/file transfer shared platform service that is used for communications between all system participants for all communication features of the system. Edelson teaches such a communications feature (see column 6, lines 9-28). It would have been obvious to one of ordinary skill in the art of healthcare management at the time of the invention to incorporate this feature into the system of Cummings. One of ordinary skill in the art would have been motivated to incorporate such a feature for the purpose of providing convenient wireless electronic messaging capabilities.

17. Cummings does not explicitly teach said at least one service recipient's health care data records comprise a structured database of health care records constructed at points of service, an updateable problem list, and care plans, wherein local records are linked to remotely stored records. Edelson teaches such a data record feature (see column 4, lines 43-65 and column 5, lines 40-65). It would have been obvious to one of ordinary skill in the art of healthcare management at the time of the invention to incorporate this feature into the system of Cummings. One of ordinary skill in the art would have been motivated to incorporate such a feature for the purpose of providing more detailed patient records and, as such, provide better patient care.

18. Cummings does not explicitly teach said system further comprising a data dictionary for ensuring standardization of all system database elements. Edelson teaches such a database feature (see column 48, lines 10-14). It would have been obvious to one of ordinary skill in the art of healthcare management at the time of the invention to incorporate this feature into the

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system of Cummings. One of ordinary skill in the art would have been motivated to incorporate such a feature for the purpose of enabling efficient communication between the various entities of Cummings.

19. As per claim 23, Cummings in view of Pitroda teach the system of claim 22 as described above. Cummings further teaches said health care services provider module further includes a function for maintaining service provider records, including licensing information, staffing affiliations, organizational ownership information, tax identification information, curriculum vitae of licensed practitioners, as well as information regarding disciplinary actions (see column 6, line 44 – column 7, line 2).

20. As per claim 29, Cummings in view of Pitroda teach the system of claim 23 as described above. Cummings further teaches said centralized host computer is one of a computer, or a network of linked computers having at least one central server (see column 4, lines 4-21).

21. Claims 4 and 36 are rejected under 35 U.S.C. 103(a) as being unpatentable over Cummings, U.S. Patent No. 5,301,105 (as previously applied) in view of Pitroda, U.S. Patent No. 5,590,038 and further in view of Edelson et al., U.S. Patent No. 5,737,539.

22. As per claim 4, Cummings in view of Pitroda teach the system of claim 3 as described above. Cummings does not explicitly teach stripping health care data of any personal information that might compromise the anonymity of the individual service recipient from whom the health care data was collected before distributing the information to any other component of the module. Edelson teaches stripping health care data of any personal information that might compromise the anonymity of an individual service recipient from whom health care data was collected before distributing the information to any other component of a module (see column 18, lines 15-25). It would have been obvious to one of ordinary skill in the art of healthcare

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management at the time of the invention to incorporate this anonymity feature into the system of Cummings. One of ordinary skill in the art would have been motivated to incorporate such a feature for the purpose of enhancing privacy features for patients.

23. Claim 36 contains substantially similar method limitations to system claim 4 and, as such, is rejected for similar reasons given above.

24. Claims 5-7, 24-28, 30, 33, and 35 are rejected under 35 U.S.C. 103(a) as being unpatentable over Cummings, U.S. Patent No. 5,301,105 (as previously applied) in view of Pitroda, U.S. Patent No. 5,590,038 and further in view of Ertel, U.S. Patent No. 5,307,262.

25. As per claim 5, Cummings in view of Pitroda teach the system of claim 1 as described above. Cummings does not explicitly teach including a statistical analysis module for providing statistical analysis of said common-format health care data stored in said system. Ertel teaches including a statistical analysis module for providing statistical analysis of said common-format health care data stored in said system (see column 6, lines 9-23). It would have been obvious to one of ordinary skill in the art of healthcare management at the time of the invention to incorporate the data analysis feature of Ertel into the system of Cummings. One of ordinary skill in the art would have been motivated to include such a feature for the purpose of enhancing accuracy in patient records over time (see column 5, lines 35-39 of Ertel).

26. Claim 33 and 35 contains substantially similar method limitations to system claim 5 and, as such, is rejected for similar reasons given above.

27. As per claim 6, Cummings in view of Pitroda and Ertel teach the system of claim 5 as described above. Cummings does not explicitly teach a card reader linked to said provider terminal, for accessing and transmitting information among said portable individual information device and any of said components of said system. Pitroda teaches a card reader linked to

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said provider terminal, for accessing and transmitting information among said portable individual information device and any of said components of said system (see column 4, lines 35-41). It would have been obvious to one of ordinary skill in the art of health care management to incorporate this card reader feature into the system of Cummings for the reasons given above with respect to claim 1.

28. As per claim 7, Cummings in view of Pitroda and Ertel teach the system of claim 6 as described above. Cummings further teaches said provider terminal is operable to communicate with said entire system or any portion of said system, or is operable independently from said system (see column 4, lines 4-14).

29. As per claim 24, Cummings in view of Pitroda teach the system of claim 23 as described above. Cummings does not explicitly teach including a statistical analysis module for providing statistical analysis of said common-format health care data stored in said system. Ertel teaches including a statistical analysis module for providing statistical analysis of said common-format health care data stored in said system (see column 6, lines 9-23). It would have been obvious to one of ordinary skill in the art of healthcare management at the time of the invention to incorporate the data analysis feature of Ertel into the system of Cummings. One of ordinary skill in the art would have been motivated to include such a feature for the purpose of enhancing accuracy in patient records over time (see column 5, lines 35-39 of Ertel).

31. As per claim 25, Cummings in view of Pitroda and Ertel teach the system of claim 24 as described above. Cummings further teaches a billing module for calculating billing information for a service provided to the at least one individual service recipient (see column 5, lines 2-8).

32. As per claim 26, Cummings in view of Pitroda and Ertel teach the system of claim 25 as described above. Cummings further teaches an insurance benefits module for calculating

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available insurance benefits for a service provided to the at least one individual service recipient (see column 4, lines 53-68).

33. As per claim 27, Cummings in view of Pitroda and Ertel teach the system of claim 24 as described above. Cummings further teaches a payment module for electronically transferring funds to pay a bill for services provided to the at least one individual service recipient, said payment module including at least one shared platform service and at least one database managing process for billing and payment (see column 3, lines 22-26, clearly the payment feature must be linked to billing so that appropriate payment can be provided).

34. As per claim 28, Cummings in view of Pitroda and Ertel teach the system of claim 24 as described above. Cummings further teaches an authorization module for authorizing service recipient treatment, said authorization module including at least one shared platform service and at least one database managing process for authorization (see column 11, lines 37-43).

35. As per claim 30, Cummings in view of Pitroda and Ertel teach the system of claim 24 as described above. Cummings further teaches said system provides access to any of Social Security, annuity, retirement account, and benefit information (see column 5, lines 11-18). Cummings does not explicitly teach providing comparative statistical analysis. Ertel teaches providing comparative statistical analysis (see column 15, lines 12-20). It would have been obvious to one of ordinary skill in the art of healthcare management at the time of the invention to incorporate the data analysis feature of Ertel into the system of Cummings. One of ordinary skill in the art would have been motivated to include such a feature for the reasons given above with respect to claim 24.

Response to Arguments

36. In the remarks filed 9/18/03 in paper number 12, Applicant presents arguments (A) – (K) at pages 2-10. The Examiner will address these arguments in the order in which they appear in the response.

37. In response to Applicant's argument (A), the Examiner respectfully submits that the physician office terminals could at least be described as a "personal information device" if not a broad form of a portable computer or personal computer. Therefore, it is submitted that Cummings teaches this element of claim 1. In addition, the Examiner respectfully disagrees with Applicant's assertion that the terminals have no storage or processing capability. As acknowledged by Applicant, Cummings does in fact suggest that the provider terminal may have storage capability at column 7, lines 54-55. Additionally, the terminal of Cummings must have some processing capability in order to information input either manually or from a data card and communicate that information to the central system. Furthermore, while Applicant asserts that storage and processing capability are inherently included in claim 1, since neither of these elements are explicitly recited in any way, they have not been given any weight by the Examiner.

38. In response to Applicant's argument (B), the Examiner respectfully disagrees with Applicant's interpretation of the claims file described in Cummings. Clearly, medical claims are related to billing information for services provided to service recipients. In fact, insurance claims are directed to compensation for a portion or all of a bill for provided services. Therefore, the fact since Cummings maintains information that includes claims under review and claims in process, this encompasses calculating billing information. It should also be noted that since the claims fail to recite and further limitation on how billing information is calculated or what

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constitutes billing information, this element has been given the broadest reasonable interpretation to one of ordinary skill in the art of medical data processing.

39. In response to Applicant's argument (C), the Examiner first submits that it is inherent in the function of an insurance provider to calculate available insurance benefits for an insured. Therefore, since the network of Cummings is tied to insurance providers, the system teaches an insurance benefits module for calculating available insurance benefits. Furthermore, the Examiner respectfully submits that processing insurance claims necessarily includes calculating insurance benefits.

40. In response to Applicant's argument (D), the Examiner respectfully submits that the cited portions of Cummings clearly teach storing the service recipients data records on said central host computer and provider terminal. Column 4, lines 30-39 clearly state that the well known storage systems are employed for storing data and other information shown in the cylinders of Figure 1. Furthermore, Cummings teaches that at least a portion of that data can be stored at the provider terminals (see column 7, lines 53-55).

41. In response to Applicant's argument (E) – (H), the Examiner respectfully submits that the cited portions of Cummings clearly teach the various recited modules to the extent that they are defined within the body of the claim. Additionally, in response to Applicant's assertion that Cummings description is not enabling to one having an ordinary level of skill the art, it is noted that the Examiner cannot comment on the patentability of an issued patent. Therefore, for examination purposes, the Examiner assumes that all teachings contained within the Cummings reference are assumed to be enabled. Furthermore, it should be noted that so long as the disclosure requires no more than the knowledge available to the skilled artisan and would not require undue experimentation, it is enabled. See *Atlas Powder Co. v. E.I. du Pont de Nemours & Co.*, 750 F.2d 1569, 1577, 224 USPQ 409, 414 (Fed. Cir. 1984).

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42. In response to Applicant's argument (I), the Examiner respectfully submits that the cited portions of Cummings teaches the providing access to the various information recited through the employer file. For example, it is well known the art that a social security number is a kind of employee identification number. Additionally, length of service is clearly related to retirement account and benefit information. Furthermore, the courts have held that even if a patent does not specifically disclose a particular element, said element being within the knowledge of a skilled artisan, the patent taken in combination with that knowledge, would put the artisan in possession of the claimed invention. *In re Graves*, 36 USPQ 2d 1697 (Fed. Cir. 1995). Therefore, the Examiner respectfully submits that Applicant is not the first to invent these types of information nor providing access to these types of information.

43. In response to Applicant's argument (J), the Examiner respectfully submits that the term "database" has been given the broadest reasonable interpretation to one of ordinary skill in the art. Therefore, the Examiner respectfully submits that the type of storage disclosed by Cummings encompasses storage within a "database" as interpreted by the Examiner.

44. In response to Applicant's argument (K), the Examiner maintains indexing keys are typically utilized for linking database records and, therefore, this falls within the level of knowledge available to one of ordinary skill in the art. See for example Hoover et al., U.S. Patent No. 5,560,005 at column 17, lines 42-45. It should be noted that the Examiner is in no way changing the grounds of rejection, but merely providing the reference in an effort to demonstrate the level of knowledge to one of ordinary skill in the art.

45. Additionally, Applicant's comments with respect to the newly added limitations have been fully considered and have been addressed in the rejections detailed above.

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Conclusion

46. Applicant's amendment necessitated the new ground(s) of rejection presented in this Office action. Accordingly, **THIS ACTION IS MADE FINAL**. See MPEP § 706.07(a). Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).


47. A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the date of this final action.

48. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Luke Gilligan whose telephone number is (703) 308-6104. The examiner can normally be reached on Monday-Friday 8am-5:30pm.

49. If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on (703) 305-9588. The fax phone number for the organization where this application or proceeding is assigned is (703) 872-9326.

50. Any inquiry of a general nature or relating to the status of this application or proceeding should be directed to the receptionist whose telephone number is (703) 308-1113.

CLG
12/15/03


JOSEPH THOMAS
SUPERVISORY PATENT EXAMINER
TECHNOLOGY CENTER 3600